

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/527711

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2	1		1			
3	1		1			
4	3		1			
5	1		1			
6	1		1			
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11	1		1			
12	1		1			
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39			1			
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41			1			
42			1			
43			1			
44			1			
45						
46						
47						
48						
49						
50						
TOTAL IND.	5		5			
TOTAL DEP.	41	↔	39	↔		
TOTAL CLAIMS	46	[REDACTED]	44	[REDACTED]		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↔			↔	
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]